

84-10
Public Act 218 of 1984 provides that no person shall operate as a third party administrator without obtaining and maintaining a certificate of authority pursuant to the act and no individual shall act as an administrative services manager unless the individual obtains and maintains a license pursuant to the act. The enclosed forms and instructions are provided by the Commissioner for use in making application for a certificate of authority to operate as a TPA and/or a license to act as an administrative services manager.

An application for a certificate of authority to act as a third party administrator (TPA) must include the following:

1. A transmittal letter identifying/describing the (proposed or actual) organizational structure of the TPA, its services, facilities, and personnel.
2. A completed Application for Certificate of Authority Form INS-68.
3. Statement of Applicant Form INS-199 completed by each of the individuals listed on the Application for Certificate of Authority. Copies of any basic organizational documents of the TPA such as the articles of incorporation, bylaws, articles of association, trade name certificate, and/or other similar documents (and all amendments to those documents).
4. Recent financial statements showing the assets, liabilities, and overall financial condition of the applicant third party administrator.
5. A completed Consent to Service Form INS-69, if the TPA is not domiciled in the State of Michigan.
6. A completed Application for Administrative Services Manager License Form INS-208 for each individual who is responsible for the conduct of the daily operations of the TPA.
7. Complete prepayment of all required fees.

An application for licensure as an Administrative Services Manager must include the following:

1. A Completed Application for Administrative Services Manager License Form INS-208.
2. A Statement of Applicant Form INS-199.
3. Prepayment of all required examination and filing fees.

NOTE: APPLICATIONS FOR LICENSURE AS AN ADMINISTRATIVE SERVICES MANAGER WILL BE PROCESSED, AND APPLICANTS WILL BE SCHEDULED FOR THE WRITTEN EXAMINATION PENDING THE COMPLETION OF THE REVIEW OF THE APPLICATION OF THE PROPOSED AUTHORIZING TPA, IF THE TPA HAS NOT ALREADY RECEIVED A CERTIFICATE OF AUTHORITY. HOWEVER, NO ASM LICENSES WILL BE ISSUED UNTIL THE REVIEW OF SUCH A PENDING TPA APPLICATION IS COMPLETED AND A CERTIFICATE OF AUTHORITY IS ISSUED BY THE COMMISSIONER TO THE AUTHORIZING TPA.

ALL APPLICATION REVIEWS WILL BE COMPLETED AS PROMPTLY AS POSSIBLE, AND INDIVIDUALS WILL BE SCHEDULED FOR TESTING AT THE FIRST OPPORTUNITY. INCOMPLETE OR INACCURATE INFORMATION IN THE APPLICATION MATERIALS WILL DELAY PROCESSING. AS NECESSARY, THE INSURANCE BUREAU STAFF MAY CONDUCT INVESTIGATIONS TO DETERMINE THE QUALIFICATIONS OF ANY APPLICANT FOR LICENSURE OR A CERTIFICATE OF AUTHORITY.

WITHIN 30 DAYS FOLLOWING ANY SIGNIFICANT CHANGE IN STATUS OF INFORMATION REQUIRED AS A PART OF THE APPLICATION PROCESS, THE TPA AND/OR ASM MUST FILE A WRITTEN NOTICE OF THE CHANGE OR MODIFICATION WITH THE COMMISSIONER.

The following FEES (as appropriate) MUST accompany the application forms:

Filing fee for application for TPA authority	\$200.00
Fee for Certificate of Authority	\$ 25.00
Filing fee for Financial Statement(s)	\$ 25.00
Filing fee for EACH ASM license application	\$ 10.00
Examination fee for EACH ASM applicant	\$ 10.00

THIRD PARTY ADMINISTRATOR
APPLICATION FOR CERTIFICATE OF AUTHORITY

Name of TPA _____

Address of Principal Administrative office:

Street address _____

City _____ State _____

Zipcode _____

Address of TPA office within the state of Michigan, if any:

Street Address _____

City _____ Zipcode _____

Address of TPA to which service of process is to be sent:

Street Address _____

City _____ State _____

Zipcode _____ ATTN: _____

State of Domicile or Residency _____

Type of Business organization form:

() Corporation

State of Incorporation _____

Year of Incorporation _____

IRS tax ID number _____

() Partnership

Year of formation _____

IRS or Fed Employer ID number _____

() Proprietorship

Year of Formation _____

IRS or Fed Employer ID number _____

Is the TPA name registered as a "DBA" listing? _____ If so,
please attach a copy of DBA registration or filing to this
application.

List the names and official positions of all the individuals who are responsible for the conduct of the affairs of the TPA including all administrative services managers, members of the board of directors or board of trustees, executive committee, or other governing board or committee, officers, and shareholders owning stock representing 10% or more of the voting shares of the TPA in the case of a corporation, and the partners or members in the case of a partnership or association. Each of the listed individuals must complete a Statement of Applicant Form INS-199. If any stockholder or other person listed is not a natural person, attach copies of articles of incorporation or similar business organization filings listing the directors, members, and responsible persons within that organization.

Name

Title or Position

Address

If more space is needed, please attach separate sheet listing additional persons.

I, _____, being duly sworn and on oath, state that
(typewritten name)
I am an officer/principal/proprietor of the above listed TPA, and that
I am authorized and directed to file this application for a
certificate of authority to operate as a third party administrator in
the State of Michigan. If granted a certificate of authority, the TPA
agrees that it will comply with all valid and legal requirements of
Michigan statutes and the Commissioner of Insurance insofar as they
relate to the operation of applicant as a TPA. The TPA also
specifically agrees that it will notify the Commissioner of Insurance
of any significant change in information required in this application
or otherwise within 30 days, and that any service of process sent to
the above indicated address will be deemed to have been served on the
TPA.

We hereby apply for a certificate of authority to operate a third
party administrator in the State of Michigan.

Date of Signing

Signature of Principal

Subscribed and sworn to before me, _____ a
notary public in and for the County of _____ State
of _____ this _____ day of _____ 19____.

Notary Public

Commission expires

CONSENT TO SERVICE BY
NON-RESIDENT THIRD PARTY ADMINISTRATOR

NOW COMES _____ of
_____, a third party admini-
strator doing business under and by the virtue of the laws of the
State of _____ having been authorized or having
applied to act as a third party administrator in the State of
Michigan, and for the purpose of complying with the provisions of
Section 912 of the General Insurance Laws, MCLA 550.912; MSA 24.912,
does hereby make, constitute and appoint the Commissioner of Insurance
of the State of Michigan, as its lawful attorney in the State of
Michigan, on whom all process of law may be served, in any action or
proceeding under current or future laws and statutes of Michigan in
which said third party administrator is a party. Further, said third
party administrator hereby stipulates and agrees that any legal
process affecting such third party administrator served upon the
Commissioner of Insurance, or designated Deputy, shall have the same
effect as if personally served upon the third party administrator and
shall be deemed sufficient service on said third party administrator.
This appointment shall remain in force as long as any liability shall
remain within the State of Michigan. When process against or
affecting said third party administrator is served on the Commissioner
of Insurance, or designated Deputy, a copy of such process shall be
mailed to _____

IN WITNESS WHEREOF, the said third party administrator
authorizing the same, at the City of _____
in the State of _____ on the _____ day of _____
A.D. 1984.

Signature of Principal of TPA

Name - Print or Type

Title

STATEMENT OF APPLICANT

Legal Name of Applicant _____

Current Residence Address:

Street _____

City _____ State _____

Zipcode _____

Current Business Address:

Street _____

City _____ State _____ Zipcode _____

Mailing Address: (To which Bureau correspondence should be addressed)

Street _____

City _____ State _____

Zipcode _____

Social Security Number or Fed ID Number _____

NOTE: Pursuant to Section 7 of Public Law 93-579, which is commonly known as the Federal Privacy Act, effective 9-27-75, you need not disclose your social security account number as a part of this application. Should you elect not to disclose your social security account number, no right, benefit, or privilege will be denied to you or the TPA applicant on the basis of such non-disclosure. If you do disclose your social security account number as a part of this application, such disclosure will be purely voluntary on your part. The only use the Department of Licensing and Regulation Insurance Bureau will make of your social security account number is as your license number should you individually seek licensure at this Bureau, and to positively identify individuals with the same or similar names, or individuals whose name may change.

PLEASE ANSWER ALL QUESTIONS COMPLETELY. IF YOU NEED ADDITIONAL SPACE TO ANSWER, PLEASE CLEARLY IDENTIFY YOUR RESPONSES AND ATTACH THE CONTINUATIONS TO THIS STATEMENT. ALL SUCH ATTACHMENTS SHALL BE A PART OF THIS VERIFIED STATEMENT.

1. What is your present association with the authorizing TPA? (Identify offices, responsibilities, and the degree and nature of any day-to-day involvement in the affairs of the TPA)

2. How long have you been associated with the authorizing TPA?

3. In what other roles have you been associated with the authorizing TPA in the past (please indicate time frames in your response)?

4. Are you now, or have you at any previous time been, associated with any TPA other than the authorizing TPA?

If yes, please give details of all such other TPA associations:

5. Do you intend that your association with the authorizing TPA will be your primary professional or business activity? _____
If not, what is your primary occupation or business activity?

6. Have you ever applied for, or held any professional license? _____
If yes, please provide detailed information for each such license or application below:

Nature of license	Licensing Agency	License Number	App Date
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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7. Have you ever been refused a professional license, or has any action ever been taken against any such license held by you? _____ If yes, identify licenses and provide explanation below.

Nature of license	Licensing Agency	License Number	App Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explanation: _____

8. Have you ever been convicted of any misdemeanor for which you could have gone to jail, or of any felony? _____

9. Have you ever been subject to any credit or financial proceeding necessitating court intervention? _____
If yes, please explain and attach a copy of the complaint or final court judgement or order (such as a bankruptcy discharge or writ of garnishment).

Explanation: _____

AFFIDAVIT OF VERIFICATION

I, _____, being duly sworn on oath, state that I have read and knowingly made the foregoing statements and representations, and that each and all such statements and representations are true. I understand that any misrepresentation, false statement or omission of material fact, or fraud in or in connection with this statement may be cause for revocation or suspension of a certificate of authority or license in which this statement is given as support, may be cause for denial of application for any such certificate of authority or license which may be pending, and may be the basis for disciplinary action against any license which I as an individual may have been issued by the Commissioner of Insurance.

_____ Date

_____ Signature of Principal

Subscribed and sworn to before me, _____
a notary public in and for the County of _____ State
of _____ this _____ day of _____ 19____.

Notary Public
Commission expires

INS-208

MICHIGAN DEPARTMENT OF LICENSING & REGULATION
INSURANCE BUREAU AGENCY LICENSING DIVISION
P.O. BOX 30220, LANSING, MICHIGAN 48909

APPLICATION FOR ADMINISTRATIVE SERVICES MANAGER LICENSE

I, _____, do hereby make application for an administrative services manager license to conduct the affairs of the authorizing TPA.

Date of Signing

Signature of Applicant

TPA Authorization

I hereby certify that the above applicant has been authorized to act on behalf of _____ TPA as an administrative services manager. This authorization is to be effective _____ or as soon thereafter as applicant meets the qualifications for licensure as an ASM. The TPA will notify the commissioner of Insurance within 30 days of the withdrawal of this authorization.

Date of Signing

Signature of Principal of TPA

IRS or FED Employer ID Number

Print Name and Title